3est Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

825077

CLAIMS AS FILED - PART ((Column 1)					(Colur	SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			<u> </u>		Mic Manufacture e		RA	re	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC			OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			خ minus 20=		· •		X\$	9=		OR	X\$18=	
INC	EPENDENT CL	AIMS	3 minus 3 =		• 4		X4)=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=			OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	TOI	AL		OR	TOTAL	710.0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY				OTHER SMALL I	r)
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER OUSLY	PRESENT EXTRA	RA		ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus ***		T CL AIM	=	X40)=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							5=		OR	+270=	
										OR	TOTAL ADDIT. FEE	
		(Column 1)	•	(Colu		(Column 3)						
AMENDMENT B	D	CLAIMS REMAINING AFTER AMENDMENT	0	NUM PREVI	HEST IBER OUSLY FOR	PRESENT	RA	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
AME	Independent	*	Minus	***	5 01 4114	=	X40)=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	5=		OR	+270=	
							TO ADDIT.	TAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)	ı					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDS	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	,
AME	Independent	*	Minus	***	T OL A114	<u> </u> =	X40)=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							5=		OR	+270=	
••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

	CLAIN	IS AS FIL	ED - PART	Į į	SN	ALL E	ENTITY		ОТН	ER TUAN
		(Cc	olumn 1)	(Column 2)	TYPE			0	OTHER THAI SMALL ENTIT	
TOTAL C	CAIMS				E .	RATE	FEI		RATE	
FOR	FOR		MBER FILED	NUMBER EXTRA	ВА	SIC FEI	370.	∞ o	R BASIC FE	740.00
TOTAL CH	ARGEABLE CLAI	MS	minus 20=	4] ×	\$ 9=		0	R X\$18=	
INDEPEND	ENT CLAIMS		minus 3 =	.	×	42=		Of	X84=	
MULTIPLE	DEPENDENT CLA	IIM PRESENT	r] +1	40=		OF	1-280=	
* If the diffe	erence in column	1 is less tha	ın zero, enter	*0" in column 2	LTC	TAL		OF	<u> </u>	
P	(Column	1)	ED - PART (Colum	n 2) (Column 3)	SM	ALL E	NTITY	OR		R THAN ENTITY
AMENT A Lotal Independ	CLAIMS REMAININ AFTER AMENDME	(G	HIGHE NUMB PREVIOU PAID F	ER PRESENT JSLY EXTRA	R/A	TE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
Total	. 5	Minus	20	=	X\$	9=		OR	X\$18=	1
Independ		Minus	***	=	X4.	2= .		OR	X84=	
FIRST P	RESENTATION OF	MULTIPLE	DEPENDENT (LAIM [_]	+14	0=		OR	+280=	
						TAL		ا _ ا	TOTAL ADDIT, FEE	7
	(Column 1	1	(Column	2) (Column 3)	ADDIT.		·	٠ ك	ADDIT. FEE	
SNT B	CLAIMS REMAINING AFTER AMENDMEN		HIGHES NUMBE PREVIOUS PAID FO	R PRESENT SLY EXTRA	RAT		ADDI- IONAL FJEB		RATE	ADDI- TIONAL FEE
Total	- 20	Minus	-20		X\$ 9	=	P	OR	X\$18=	7
Total Independe		Minus	· · · · · · · · · · · · · · · · · · ·) =	X42	=		OR	X84=	
FIRST PR	ESENTATION OF I	MULTIPLE D	EPENDENT C	AIM	+140	_		OR	+280=	
					TO ADDIT. F	TAL EE	1	_	TOTAL ODIT: FEE	
	(Column 1)		(Column	2) (Column 3)_					_	
2 2 2 2 5 6 6 9 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	CLAIMS REMAINING AFTER AMENDMENT	Mortes Control	HIGHEST NUMBER	PRESENT LY EXTRA	RATE	Ξ ΤΙ(DDI- ONAL EEE		RATE	ADDI- TIONAL FEE
Total	4	Minus	de	=	X\$ 9			OR	X\$18=	
Total Independen	nit +	Minus	***	=	X42=			- 1	X84=	
FIRST PRE	SENTATION OF A	AULTIPLE DE	PENDENT CL	AIM 🔲		- -		OR		
					+140:			OR	+280=	
44	xolumn 1 is less than	the enter to ent	uma 2 maila Mi	n column 3.	101	AI I			DOTT. FEEL	